

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4505

157-A

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1463 Benton</b>				d. STREET ADDRESS (If rural, give location) <b>1463 Benton</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lucy</b>		b. (Middle) <b>Davis</b>		c. (Last) <b>Gray</b>	
4. DATE OF DEATH		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 21, 1877</b>		9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>0</b>		11. DAYS <b>0</b>	
12. HOURS <b>0</b>		13. MIN. <b>0</b>		14. BIRTHPLACE (State or foreign country) <b>Greene Co., Missouri</b>		15. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16a. FATHER'S NAME <b>Frank Davis</b>		16b. MOTHER'S MAIDEN NAME <b>Sarah Kinser</b>		17. NAME OF HUSBAND OR WIFE <b>Mack A Gray</b>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		19. SOCIAL SECURITY NO. <b>None</b>		20. INFORMANT'S SIGNATURE OR NAME <b>Mack A. Gray, Springfield, Missouri</b>			
21. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		22. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Stomach</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  23. INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>				24. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25a. DATE OF OPERATION <b>5/19/48</b>		25b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Stomach</b>				26. DATE SIGNED <b>2/23/50</b>	
27a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		27b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		27c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
28d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		28e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		28f. HOW DID INJURY OCCUR? _____			
29. I hereby certify that I attended the deceased from <b>4-23-48</b> , to <b>2-21-50</b> , that I last saw the deceased alive on <b>2-21-50</b> , and that death occurred at <b>2:00P</b> m., from the causes and on the date stated above.							
30a. SIGNATURE <b>Ed Tailor M.D.</b>		30b. ADDRESS <b>Springfield Mo</b>		30c. DATE SIGNED <b>2/23/50</b>			
31a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		31b. DATE <b>Feb 23, 1950</b>		31c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		31d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
32. DATE REC'D BY LOCAL REG. <b>2-27-50</b>		32. REGISTRAR'S SIGNATURE <b>W.E. Handley</b>		33. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmejer</b>		33. ADDRESS <b>Springfield, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Lee Mason*

Licensed Embalmer No. *4568*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.